Schedule E)	PAGE 1 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	0 000404207
Check if 24-hour report X 48-hour report New report Amend	ds report filed on MMM / DDD / YTYTY
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCAT	Date of Public Distribution/Dissemination  10N  Date of Public Distribution/Dissemination  10
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	277.00
Washington DC 20001	Transaction ID : D549040 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type	001
Name of Federal Candidate Sup	port Office Sought: House District: 00
ALISON LUNDEDCAN CRIMES	pose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 54493.66	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCAT	Date of Public Distribution/Dissemination
	10 11 2014
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	1503.19
Washington DC 20001	Transaction ID : D549046  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type	001 M 10 / D 11 / Y Y Y Y Y Y
Name of Federal Candidate Sup	oport Office Sought: House District: 00
MARK BEGICH Opp	pose President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 184727.78	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1780.19
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	LIVI EXI EN	DITORILO	PAGE 2 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee COMMITTEE ON LETTER CARR	IERS POLITIC	CAL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.			10 11 2014  Amount
City	State	Zip Code	277.00
Washington	DC	20001	Transaction ID : D549047 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 11 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
MITCH MCCONNELL		X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		54493.66	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee COMMITTEE ON LETTER CARR	IERS POLITIC	CAL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.			10 11 2014 Amount
City	State	Zip Code	1269.47
Washington	DC	20001	Transaction ID : D549048  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 11 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7	33905.86	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 1546.47
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
			7 7 7
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	10 13 / 2014
Signaturo			

Schedule E)	PAGE 3 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Ame	ends report filed on/
Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NA	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  10 11 2014
Mailing Address 1325 Massachusetts Ave. NW	Amount 2014
City State Zip Code	126.92
Washington DC 20005	Transaction ID : D549051 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type	001 10 11 2014
Name of Federal Candidate	Support Office Sought: House District: 00
MARK RECICIL	Oppose President X Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 184727.78	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Voices of the American Federation of Government Employed  Mailing Address 80 F Street, NW	Amount
City State Zip Code	0.48
Washington DC 20001	Transaction ID : D549075  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Category/ Type	002
Name of Federal Candidate St	Support Office Sought: House District: 00
CORY GARDNER O	Oppose President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 33905.86	Disbursement For: Primary ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 10 13 2014
Signature	

Schedule E)	PAGE 4 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends rep	ort filed on
Full Name of Payee Voices of the American Federation of Government Employee	M - M / B - B / I - I - I - I
Mailing Address 80 F Street, NW	10 11 2014  Amount
City State Zip Code	352.48
Washington DC 20001	Transaction ID : D549081 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  001	10 / 11 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
MARK BEGICH Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Voices of the American Federation of Government Employees  Mailing Address 80 F Street, NW	Date of Public Distribution/Dissemination  10  11  Amount
City State Zip Code	180.00
Washington DC 20001	Transaction ID : D549093  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	10 / 11 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
MITCH MCCONNELL Oppose	President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 54493.66	Disbursement For:  Primary  General 2014  General
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 532.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	··· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date	te 10 13 2014
Signature	

Sched	dule E)	TI EXI END			PAGE 5 OF 24 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Worl	kers' Voice				C C00484287
				M	M / D D / Y Y Y Y
Check i	if 24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	
	Name of Payee oices of the American Federation	of Governn	nent Employees	3	of Public Distribution/Dissemination
Mai	iling Address 80 F Street, NW			Amou	10 11 2014 nt
City	,	State	Zip Code		93.55
	ashington	DC	20001		action ID : D549094 of Disbursement or Obligation
	pose of Expenditure kind Staff Travel		Category/ Type 002		10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	me of Federal Candidate		Support	Office Sough	t: House District:00
MA	ARK E UDALL		Oppose	Preside	ent State: CO
	Calendar Year-To-Date Per Election for Office Sought	7	33905.86	Disbursement 2014 C	t For: Primary
V	Name of Payee oices of the American Federation of iling Address 80 F Street, NW	f Governmen	t Employees		of Public Distribution/Dissemination  10
City	у	State	Zip Code	— I	11.11
Wa	ashington	DC	20001		oction ID: D549098 of Disbursement or Obligation
	rpose of Expenditure kind Staff Travel		Category/ Type 002		10 11 / 2014
Naı	me of Federal Candidate		X Support	Office Sough	it: House District: 00
MA	ARK E UDALL		Oppose	Presid	ent Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought	7	33905.86	Disbursemer 2014	ther (specify) ►
(a) \$	SUBTOTAL of Itemized Independent Expenditure	res		•	104.66
(b) §	SUBTOTAL of Unitemized Independent Expend	itures		· •	7 1 7 1 7 1
(c) 1	TOTAL Independent Expenditures			•	7 1 7 1 7
with,	er penalty of perjury I certify that the independ or at the request or suggestion of, any candid or committee) any political party committee or its	late or authorized			
_	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10	13 2014
S	ignature				

Schedule E)	INDENT EXICIND	ITORES	PAGE 6 FOR SE OF FO	OF 24 ORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Workers' Voice			C C00484287	
Check if 24-hour report X 48-hour re	eport New rep	ort Amends repo	t filed on	YYYY
Full Name of Payee Voices of the American Fede	eration of Governr	nent Employees	Date of Public Distribution/Dis	YYY
Mailing Address 80 F Street, NW			10 11 Amount	2014
O't.	Otata	7'- 0-1-		400.05
City Washington	State DC	Zip Code 20001	Transaction ID: D549099 Date of Disbursement or Oblig	490.25
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 11 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dis	trict: 00
MARK E UDALL		Oppose	_	tate: CO
Calendar Year-To-Date Per Election for Office Sought	,	33905.86	Disbursement For:  Primary 2014  Other (specify) ▶	X General
Full Name of Payee	ation of Covernmen	at Employage	Date of Public Distribution/Dis	semination
Voices of the American Federa	dion of Governmen	it Employees	10 / 11 / Y	2014
Mailing Address 80 F Street, NW			Amount	
City	State	Zip Code		180.00
Washington	DC	20001	Transaction ID : D549100  Date of Disbursement or Obliging	gation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 / 11 / 9	2014
Name of Federal Candidate		X Support	Office Sought: House Dis	trict:00
ALISON LUNDERGAN GRIMES		Oppose	President Senate S	tate: KY
Calendar Year-To-Date Per Election for Office Sought	7 7	54493.66	Disbursement For:  Primary 2014  Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent E	xpenditures			670.25
			7 7	
(b) SUBTOTAL of Unitemized Independent	Expenditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y

Schedule E)	LIVI LXI LIVL	TIONES		PAGE 7 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
AFSCME Special Account			10	11 / 2014
Mailing Address 1625 L Street, NW			Amount	
City	State	Zip Code		60.23
Washington	DC	20036	Transaction I  Date of Disbu	D: D549107 ursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	,,,,	184727.78	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
AFSCME Special Account			10	11 2014
Mailing Address 1625 L Street, NW			Amount	
City	State	Zip Code		445.08
Washington	DC	20036	Transaction ID  Date of Disbu	D: D549112 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	11 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		184727.78	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures			505.31
(4)			7	7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· <b>&gt;</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the indeposition of, any can party committee) any political party committee or	didate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / 13	2014
- 3				

Schedule E)	AFENDI	TONES		PAGE 8 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee				Date of Public Distribution/Dissemination
AFL-CIO				10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW				Amount
City Stat	ıta	Zip Code		21.47
Washington DO		20006		Transaction ID : D549115 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District: 00
MARK E UDALL		Oppose		President State: CO
Calendar Year-To-Date Per Election for Office Sought		33905.86	Disbu 2014	rsement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
AFL-CIO				10 11 2014
Mailing Address 815 - 16th Street, NW				Amount
City Sta	ite	Zip Code		34.01
Washington DO	C	20006		Transaction ID : D549116  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		10 11 2014
Name of Federal Candidate		X Support	Office	Sought: House District: 00
MARK BEGICH		Oppose		President State: AK
Calendar Year-To-Date Per Election for Office Sought		184727.78	Disbu 2014	
· ·				Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures			··· <b>&gt;</b>	55.48
(b) SUBTOTAL of Unitemized Independent Expenditures.			··· <b>&gt;</b>	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized			
Ms. Elizabeth H Shuler	[Flectron	ically Filed] Dat	M	M / D D / Y Y Y Y Y
Signature	Electronic	cany Fueaj Dat	te 1	0 13 2014

Schedule E)	11 E/M E/K	1101120		PAGE 9 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
AFL-CIO			10 Date of 1 db	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		13.34
Washington	DC	20006		ID: D549117 oursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	10 M	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		54493.66	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee AFL-CIO				lic Distribution/Dissemination
Mailing Address			10	11 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		42.29
Washington	DC	20006	Transaction Date of Disk	ID: D549128 oursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	10 <sup>M</sup>	11 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	82733.69	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			55.63
(-)		••••		7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		• •	4
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electroi	nically Filed] Date	e 10 13	2014
Signature		_		

Schedule E)	ENDITOTIES	PAGE 10 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report N	lew report Amends report	filed on
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW		10 11 2014 Amount
City State	Zip Code	42.29
City State Washington DC	20006	Transaction ID : D549129 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	10 11 2014
Name of Federal Candidate	X Support C	Office Sought: House District:00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary  General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
AFL-CIO		10 11 2014
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	13.34
Washington DC	20006	Transaction ID : D549132  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	10 / 11 / 2014
Name of Federal Candidate	X Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES	Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
	· ·	
(a) SUBTOTAL of Itemized Independent Expenditures		55.63
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expension with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
	Electronically Filed] Date	10 13 2014
Signature		

Schedule E)	IN EXILID	TIONES		PAGE 11 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
AFT Solidarity 527			10	11 / 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		70.00
Washington	DC	20001	Transaction I  Date of Disbu	D: D549140 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		184727.78	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
AFT Solidarity 527			10	11 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		46.67
Washington	DC	20001	Transaction ID Date of Disbu	D: D549141 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 M	11
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	, , ,	33905.86	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			116.67
			7	7 ~
(b) SUBTOTAL of Unitemized Independent Exper	ditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	1 4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / 13	2014
Signature				

Schedule E)	PAGE 12 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee AFT Solidarity 527	ate of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.	10 11 2014 nount
City State Zip Code	191.15
Da	ansaction ID : D549145 ute of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  001	10 / 11 / 2014
Name of Federal Candidate Support Office Sol	ught: House District: 00
TERRI LYNN LAND Pre	sident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For:
	ate of Public Distribution/Dissemination
AFT Solidarity 527	10 11 2014
Mailing Address 555 New Jersey Ave. N.W.	nount
City State Zip Code	191.15
Da	nsaction ID : D549151 ate of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  001	10 / 11 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
GARY PETERS Oppose Pre	esident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	382.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date	13 2014

Schedule E)	LIVI EXI END	71101120		PAGE 13 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	
Full Name of Payee UFCW Int'l Union Working Famil	ies Advocacy	Project	M = M	olic Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amount	11 2014
City	State	Zip Code		106.93
Washington	DC	20006-1598		n ID : D549157 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Dis	11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		82733.69	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ▶
Full Name of Payee UFCW Int'l Union Working Families  Mailing Address 1775 K Street, NW	3 Advocacy Pro	oject	Date of Put 10  Amount	olic Distribution/Dissemination  10 11 2014
City	State	Zip Code		106.93
Washington	DC	20006-1598		ID: D549161 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	11 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		82733.69	Disbursement For: 2014 Other (	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		<b>•</b>	213.86
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>•</b>	
(c) TOTAL Independent Expenditures			·	F 1 4 1 4 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorized			
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	M M / D 13	
Signature				

					FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Workers' Voice					C C00484287
Check if 24-hour	report X 48-hour report	New rep	ort Amends rep		M = M / D = D / Y = Y = Y
Full Name of Paye		A 1	D : .	Date	of Public Distribution/Dissemination
	Jnion Working Famili	es Advocacy	Project		10
Mailing Address <sub>1</sub>	775 K Street, NW			Amo	unt
City		State	Zip Code	<u> —</u> Г	235.82
Washington		DC	20006-1598		saction ID : D549167 of Disbursement or Obligation
Purpose of Expendinkind Staff	diture		Category/ Type 001		10 11 2014
Name of Federal (	Candidate		X Support	Office Soug	ht: House District:00
ALISON LUNDER	GAN GRIMES		Oppose	Presid	dent State: KY
Calendar Yea Per Election f	r-To-Date or Office Sought		54493.66	Disburseme 2014	nt For:  Primary
Full Name of Paye		Advoces Pro	vicet	Date	of Public Distribution/Dissemination
	nion Working Families	Auvocacy Fic	njeci 		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	1775 K Street, NW			Amo	unt
City		State	Zip Code		235.82
Washington		DC	20006-1598		action ID : D549169 of Disbursement or Obligation
Purpose of Expen InKind Staff	diture		Category/ Type 001		10 / 11 / 2014
Name of Federal	Candidate		Support	Office Soug	ht: House District: 00
MITCH MCCONN	ELL		Oppose	Presid	dent State: KY
Calendar Yea Per Election	r-To-Date for Office Sought		54493.66	Disburseme 2014	ont For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of	temized Independent Expendi	tures			471.64
(b) SUBTOTAL of	Uniternized Independent Exper	nditures		··· •	171171171
(c) TOTAL Indepen	dent Expenditures			··· •	171171171
with, or at the requ		didate or authorized			cooperation, consultation, or concert f the reporting entity is not a political
Ms. Eli	zabeth H Shuler	[Electron	ically Filed] Dat	re 10	13 2014
Signature					

PAGE

OF

Schedule E	)	INDENT EXPEND	ITONES		PAGE 15 OF 24 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' \	voice				C C00484287
Check if 2	4-hour report X 48-hour re	port New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name Michiga	of Payee an State AFL-CIO Gei	neral Fund			of Public Distribution/Dissemination
Mailing Add	dress 419 Washington Square,	S. #200		Amou	10 11 2014 nt
Oite		01-1-	7'- O-d-		20.00
City Lansing		State MI	Zip Code 48933		30.23  action ID : D549180  of Disbursement or Obligation
Purpose of InKind Sta	Expenditure ff		Category/ Type 001		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	ederal Candidate		Support	Office Sough	t: House District: 00
GARY PET	ERS		Oppose	Preside	NAI NAI
	dar Year-To-Date ection for Office Sought	117117	82733.69	Disbursemen 2014 O	t For: Primary
Full Name <b>Michiga</b>	of Payee n State AFL-CIO Gene	ral Fund			of Public Distribution/Dissemination
Mailing Add				L	10 11 2014
				Amou	nt
City		State	Zip Code		30.23
Lansing	Expenditure	MI	48933		of Disbursement or Obligation
InKind Sta			Category/ Type 001		10 / 11 / 2014
Name of F	ederal Candidate		Support	Office Sough	nt: House District:00
TERRI LYI	NN LAND		X Oppose	Preside	
	dar Year-To-Date ection for Office Sought		82733.69	Disbursemer 2014	nt For:
(a) SUBTO	TAL of Itemized Independent E	xpenditures			60.46
					7 1 7 1 7
(b) SUBTO	TAL of Unitemized Independent	Expenditures		•	7 7 7
(c) TOTAL	ndependent Expenditures			•	7 1 7 1 7
with, or at th		y candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Signature	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10	13 / 2014
Signature	·				

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		0
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee AFT Michigan General Fund	Da	ate of Public Distribution/Dissemination
		10 11 2014
Mailing Address 2342 Industrial St.	Ar	nount
City State Zip	Code	35.98
		ansaction ID : D549184 ate of Disbursement or Obligation
Purpose of Expenditure InKind Staff	ategory/ Type 001	10 11 2014
Name of Federal Candidate	Support Office So	nught: House District: 00
TERRI LYNN LAND	Oppose Pre	esident State: MI
Calendar Year-To-Date Per Election for Office Sought	Disburser 2014	ment For:
Full Name of Payee AFT Michigan General Fund	Da	ate of Public Distribution/Dissemination
		10 11 2014
Mailing Address 2342 Industrial St.	Ar	mount
City State Zip	Code	35.98
		insaction ID : D549186 ate of Disbursement or Obligation
Purpose of Expenditure InKind Staff	ategory/ Type 001	10 / 11 / 2014
Name of Federal Candidate	Support Office Sc	ought: House District: 00
GARY PETERS	Oppose Pre	esident X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	82733.69 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures		71.96
(4)	, L	7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized cor party committee) any political party committee or its agent.		•
Ms. Elizabeth H Shuler [Electronicall	y Filed] Date 10	13 2014
Signature	Butto	

Schedule E)	LAFLINDI	TONES		PAGE 17 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Colorado AFL-CIO L2K			M	f Public Distribution/Dissemination
Mailing Address 140 Sheridan Blvd			Amoun	10 11 2014 t
City	Ctata	7in Codo		222.74
	State CO	Zip Code 80226		223.74 action ID : D549189 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	М	10 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
MARK E UDALL		Oppose	Preside	nt Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	117	33905.86	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Retail, Wholesale and Department Store Unio	on Internatio	nal Treasury Accou	nt	f Public Distribution/Dissemination
Mailing Address 30 E29th St.			Amour	
City	State	Zip Code	-	32.16
New York	NY	10016		ction ID : D549194 f Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 11 2014
Name of Federal Candidate		X Support	Office Sought	: House District:00
GARY PETERS		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	11/9	82733.69	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				255.90
(b) SUBTOTAL of Unitermized Independent Expenditure	es		. —	
				4 4
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Elizabeth H Shuler Signature	[Electroni	cally Filed] Date	10	13 / 2014
Signature				

Schedule E)				PAGE 18 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice				C00484287
Check if 24-hour report X 48-h	our report X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Check ii 24-nour report 46-n	our report New rep	ort Amends repo	Tt filed off	
Full Name of Payee Retail, Wholesale and Departm	ent Store Union Internation	nal Treasury Accour		Distribution/Dissemination
Mailing Address 30 E29th St.			Amount	
City	State	Zip Code		32.16
New York	NY	10016	Transaction I Date of Disbu	D: D549195 rsement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	11 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		82733.69	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Rocky Mountain Voter Out  Mailing Address 899 Logan Street			Date of Public	c Distribution/Dissemination
City Denver	State CO	Zip Code 80203	Transaction ID	441.47 D: <b>D549199</b> ursement or Obligation
Purpose of Expenditure Canvassers		Category/ Type 001	M 10 /	11 Y 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
MARK E UDALL		Oppose	President >	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		33905.86	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independ	ent Expenditures			473.63
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		· <b>•</b>	7 1 2
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	M M / D D D 13	2014
Signature				

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour re	port New rep	ort Amends report	t filed on Man / Dad / Yayayay
Full Name of Payee		200 0 15	Date of Public Distribution/Dissemination
AFSCME Indiana-Kentucy Org		962 General Fun	0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1424 N. Pennsylvania Str	eet		Amount
City	State	Zip Code	85.60
Indianapolis	IN	46202	Transaction ID : D549200 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 11 2014
Name of Federal Candidate		X Support	Office Sought: House District:00
ALISON LUNDERGAN GRIMES		Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		54493.66	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee	<u></u>		
AFSCME Indiana-Kentucy Org.	anizing Committee	962 General Fun	Date of Public Distribution/Dissemination  10 11 2014
Mailing Address 1424 N. Pennsylvania S	Street		Amount
-01	0	7: 0 !	
City Indianapolis	State IN	Zip Code 46202	85.60 Transaction ID : D549201
Purpose of Expenditure		Catagory	Date of Disbursement or Obligation
InKind Staff		Category/ Type 001	10 11 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
MITCH MCCONNELL		X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		54493.66	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		171.20
(b) SUBTOTAL of Unitemized Independent	Expenditures		·
(c) TOTAL Independent Expenditures			<b>•</b>
	y candidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10 13 2014
Signature		_ · · · · · · · · · · · · · · · · · · ·	

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OF

Schedule E)	PAGE 20 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report file	led on M M / D D / Y Y Y Y Y
Full Name of Payee NCFO/SEIU 32BJ	Date of Public Distribution/Dissemination
Mailing Address 1212 Bath Ave	10 11 2014 Amount
Floor F&O	
City State Zip Code	55.03
Ashland KY 41101-2696	Transaction ID: D549202 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	10 11 2014
Name of Federal Candidate Support Of	ffice Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
Calcilidat Ical 10 Date	sbursement For: Primary X General  14 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
NCFO/SEIU 32BJ	10 11 2014
Mailing Address 1212 Bath Ave	Amount
Floor F&O	/ income
City State Zip Code	55.03
Ashland KY 41101-2696	Transaction ID : D549203  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  001	10 11 2014
Name of Federal Candidate Support Or	ffice Sought: House District:00
ALISON LUNDERGAN GRIMES Oppose	President X Senate State: KY
	sbursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	110.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date	10 13 2014
Signature	

Sch	nedule E)	31101120		PAGE 21 OF 24 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC I	DENTIFICATION NUMBER ▼
Wo	orkers' Voice		C	C00484287
			M = M	/ D D / Y Y Y Y
Chec	ck if 24-hour report X 48-hour report New re	eport Amends repo		
F	Full Name of Payee AFSCME for Michigan		М – М	ic Distribution/Dissemination
1	Mailing Address 1625 L Street, NW		10	11 2014
L				
- 1	City State	Zip Code		22.62
L	Washington DC	20036		ID: D549213 oursement or Obligation
	Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	10 <sup>M</sup>	11 / 2014
1	Name of Federal Candidate	Support	Office Sought:	House District: 00
	GARY PETERS	Oppose		Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	82733.69	Disbursement For: 2014 Other (s	Primary
	Full Name of Payee		Date of Publ	lic Distribution/Dissemination
	AFSCME for Michigan		M M M	/ D D / Y Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
-	Mailing Address 1625 L Street, NW		10	2014
			Amount	
	City State	Zip Code		41.68
	Washington DC	20036	Transaction I  Date of Disb	ID: D549214 oursement or Obligation
	Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	10	11 / 2014
Ī	Name of Federal Candidate	Support	Office Sought:	House District: 00
	TERRI LYNN LAND	Oppose	President	Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	82733.69	Disbursement For: 2014 Other (s	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	64.30
(b	substotal of Unitemized Independent Expenditures		· •	
(c	c) TOTAL Independent Expenditures		<b>•</b>	7
wi	nder penalty of perjury I certify that the independent expenditure ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
	Ms. Elizabeth H Shuler [Electro	onically Filed] Date	9 10 13	2014
	Signature			

Schedule E	E)		1101120		PAGE 22 OF 24 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers'	Voice				C C00484287
Check if	24-hour report X 48-hour report	New rep	port Amends repo		M / D D / Y Y Y Y Y
Full Name AFSCI	of Payee ME for Michigan			M	of Public Distribution/Dissemination
Mailing Ad	ldress 1625 L Street, NW			Amour	10 11 2014
City		State	Zip Code		8.25
Washingto	on	DC	20036		action ID : D549217  of Disbursement or Obligation
Purpose o Inkind Sta	f Expenditure aff Travel		Category/ Type 002		10 / 11 / 2014
Name of F	Federal Candidate		Support	Office Sought	:: House District: 00
TERRI LY	'NN LAND		Oppose	Preside	M
	ndar Year-To-Date Election for Office Sought		82733.69	Disbursement 2014 Ot	For: Primary X General
Full Name AFSCM Mailing Ad	ME for Michigan				of Public Distribution/Dissemination
City		State	Zip Code		207.02
Washingt		DC	20036		ction ID : D549219 of Disbursement or Obligation
Purpose of Inkind Sta	of Expenditure aff Travel		Category/ Type 002		10 11 2014
Name of I	Federal Candidate		Support	Office Sough	t: House District: 00
TERRI LY	YNN LAND		Oppose	Preside	
	ndar Year-To-Date Election for Office Sought		82733.69	Disbursement 2014 Of	t For: Primary X General
(a) SUBTO	TAL of Itemized Independent Expendent	ditures			215.27
(b) SUBTO	TAL of Unitemized Independent Exp	enditures		· •	
(c) TOTAL	Independent Expenditures			•	
with, or at t	alty of perjury I certify that the indep the request or suggestion of, any car nittee) any political party committee o	ndidate or authorized			
	Ms. Elizabeth H Shuler	[Electroi	nically Filed] Date	e 10 /	13 2014
Signatur	re				

Schedule E)	IN EXILI	DITORILO	PAGE 23 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 11 2014 Amount
City	State	Zip Code	288.34
Washington	DC	20036	Transaction ID : D549220 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		82733.69	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFSCME for Michigan			10 11 2014
Mailing Address 1625 L Street, NW			Amount
City	State	Zip Code	132.01
Washington	DC	20036	Transaction ID : D549224  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 / 11 / Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	-	82733.69	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		420.35
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
(c) TOTAL Independent Expenditures			· -
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authoriz		
Ms. Elizabeth H Shuler	[Electr	onically Filed] Date	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	DITOTIES	PAGE 24 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New r	eport Amends report fil	ed on M M / D D / Y Y Y Y Y
Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW		10 11 2014 Amount
Cit.	7:- Cada	200.24
City State Washington DC	Zip Code 20036	288.34  Transaction ID : D549227  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District:00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	82733.69 Dis	sbursement For:  Primary
Full Name of Payee USW Works		Date of Public Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER		10 11 2014 Amount
City State	Zip Code	200.83
Pittsburgh PA	15222	Transaction ID : D549243  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10 11 2014
Name of Federal Candidate	X Support Of	fice Sought: House District: 00
MARK E UDALL	Oppose	President X Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		sbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	489.17
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
		7 7
(c) TOTAL Independent Expenditures	·····	8950.27
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler  [Electr Signature	conically Filed] Date	10 13 2014
Oigilatul <del>e</del>	_	